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Form 3160-5

UNITED STATES

6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
NMONDO47.3366 8. Well Name and No. OLYO DECLINA # 1 O. API Well No. 30-015-20304 10. Field and Pool, or Exploratory Area (LACLES TO STATE County or Parish, State County of Parish, State County Of Parish, State OR OTHER DATA
, , , , , , , , , , , , , , , , , , , ,
Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) proposed work. If well is directionally drilled

The above well was shut in on 11-16-98 request one year shut in for possible recompletion to the Delaware.

14. I hereby certify that the foregoing is true and correct Signed	Tile Balletion analyst	Date 5-13-99
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Tide	Date